



# APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

**INSTRUCTIONS:** See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 7-21-83	1. Agency Address Georgia Subsequent Injury Trust Fund Suite 124 Two Northside 75 Atlanta, Georgia 30318-7784	Application Number 84-17	
Application Number		Date Received AUG 25 1983	Date Completed APR 6 1984
2. Person to Contact Doris Hutchins		Working Title Principle Clerk	Telephone Number 894-5674
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1977 Latest Present		5. Records Series Title (followed by title used in office; if different) Fatal Suspense Case Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? Administer the Georgia Subsequent Injury Trust Fund Program. Receive, process and pay workers' compensation claims made against the Fund by insurance companies and self-insured employers. These claims involve previously handicapped employees of Georgia employers who sustain occupational injuries. This office function is to review these cases to determine if the employer's liability for workers' compensation benefits has increased because of the preexisting condition and its involvement or merger with the new work related injury.  The function also consists of reviewing all no-dependency fatal cases occurring under workers' compensation law in Georgia.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Possible claims made by the Georgia Subsequent Injury Trust Fund against employers and self-insured where there are no dependents in a compensable work related fatality. Included are: Employer's First Report of Injury - Form S.I. "G" 8/81 Rev and related correspondence.			
File is arranged: Numerically assigned number through 1980. After 1980, last 4 digits of Social Security Number.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old 5; Seven to twelve months old 0; Thirteen to twenty-four months old 0; twenty-five months and older 0?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers 1; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
X		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

a. State Law	<u>0</u> years.	d. Audit period	<u>0</u> years.
b. Statute of limitation	<u>2</u> years.	e. Administrative need	<u>4</u> years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,  
during which accident occurred

- ☒ Hold in the current files area 6 month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area, hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold 3 1/2 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
	8-24-83		
State Records Committee (Signature) _____ Date _____			
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	11-2-83
		Secretary of State/Designee	11/31/83
		Attorney General/Designee	11-5-83